



LICENSE APPLICATION

ATHLETIC COMMISSION

SFN 11710 (06-2007)

For Office Use Only

System ID

Work Order

Approved By

FEE:

Cornerperson/Second/Trainer	<input type="checkbox"/>	\$10.00
Judge	<input type="checkbox"/>	\$25.00
Knockdown Counter	<input type="checkbox"/>	\$10.00
Manager	<input type="checkbox"/>	\$25.00
Matchmaker	<input type="checkbox"/>	\$50.00
Physician	<input type="checkbox"/>	No Fee
Referee	<input type="checkbox"/>	\$25.00
Ring Announcer	<input type="checkbox"/>	No Fee
Timekeeper	<input type="checkbox"/>	\$10.00

Athletic Advisory Board
Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-3380
Toll Free (800) 352-0867
Ext. 8-3380
Fax 701-328-1690

In compliance with the Federal Privacy Act of 1974, the disclosure of a social security number on this form is voluntary. Under state law, this number cannot be disclosed to the public. However, if the number is voluntarily provided, it does assist the Secretary of State's office in maintaining accurate records. The application will not be rejected if the number is not provided.

1. Name				
Address		City	State	Zip Code
Social Security Number	Date of Birth	Home Telephone Number	Work Telephone Number	

2. NUMBER OF YEARS KNOWLEDGE AND EXPERIENCE RELATING TO DUTIES OF EACH LICENSE BEING APPLIED FOR	
Amateur	Professional

3. OTHER STATES WHERE LICENSED FOR SAME DUTIES
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I solemnly swear (or affirm) that I am over 18 years of age and all the statements made on this application are true. By signing this application, I agree to be bound by the rules and regulations of the North Dakota Administrative Code, Chapter 72-02.

Signature of Applicant

Date